Lincoln Financial℠

Excel Sports Management, LLC
Vision insurance

What is it?

Vision insurance covers preventative care, such as annual exams, and delivers preferred pricing for additional needs like glasses, contacts, and more.

Why is this coverage valuable?

When you have vision coverage, you're protecting your eyes and your budget.

Your vision coverage

High Plan

	Vision	
Eligibility description	All Full-Time Employees	
Contribution	Your employer contributes 50% toward the cost of your coverage and you pay the cost of your dependents' coverage.	
	In-network	**Out-of-network**
Eye examination	100% after $10 copay	Up to $40 reimbursement
Retinal Imaging	$39	Not Applicable
Eyeglass lenses		
Single vision	100% after $25 copay	Up to $40 reimbursement
Bifocal	100% after $25 copay	Up to $60 reimbursement
Trifocal	100% after $25 copay	Up to $80 reimbursement
Lenticular	100% after $25 copay	Up to $80 reimbursement
Eyeglass frames	Up to $150 allowance	Up to $45 reimbursement
Contact lenses		
Necessary contact lenses	100% after $25 copay	Up to $210 reimbursement
Elective contact lenses	Up to $150 allowance	Up to $125 reimbursement
Contact Lens Fitting and Evaluation	Up to $30 allowance	Not Applicable
Frequency		
Eye examination	Every 12 months	Every 12 months
Eyeglass lenses OR contact lenses	Every 12 months	Every 12 months
Eyeglass frames	Every 12 months	Every 12 months
General information	*Lincoln VisionConnect*® members are supported through the Spectera Vision network. When you visit your eye care provider, let the office know you're a Spectera customer to maximize your in-network provider benefits.	

For additional information and details on your plan offering, please see your policy.

Vision rate information

Coverage	Monthly rate
Employee only	$3.54
Employee and spouse	$10.60
Employee and child(ren)	$13.02
Employee and family	$21.85

Plan features

In-network versus out-of-network coverage

- To find a Spectera vision network provider close to work or home, call **800-440-8453** or follow a few easy steps online:
  - Visit **lvc.lfg.com**.
  - On the right side of the page, enter a ZIP code or street address in the **Provider Quick Search** box.
  - Select the **Search** button to display a list of providers near you.
- If you choose an out-of-network provider, you pay the provider in full and submit a claim for reimbursement of covered services and products.
- Lincoln's exclusive in-network partnership with Warby Parker lets employees use their annual allowances to purchase eyeglass lenses and/or contact lenses from this convenient online and retail vendor.

Retinal Imaging

- An exam which enables the retina, macula, blood vessels, and optic nerve to be seen in wide angle, digital images without the use of dilation drops.

Contact Lenses

- Contact Lenses are provided in lieu of eyeglasses (lenses and frame). Benefits may only be applied under one of the three benefit options.

Elective contact lenses

A $150 Allowance is applied toward the purchase of contact lenses. Material copay does not apply.

- Elective contact lens fitting and evaluation - Allowance is applied toward the contact lens fitting/evaluation fees.

Necessary contact lenses

Contact lenses are considered necessary at the discretion of the eye care provider and are covered 100% (after a low or no copay) when you choose an in-network provider.

Eyeglass frames

- *Lincoln VisionConnect* provides a $150 retail frame allowance. This covers many of today's popular eyeglass frames.
- If the cost of the frames you choose exceeds $150, you simply pay the remaining balance, which may include a discount of up to 30% at participating providers.



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Lincoln VisionConnect® coverage is provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services are provided by Spectera, Inc., UnitedHealthCare Services, Inc. or their affiliates. These companies are not Lincoln Financial® companies. Plans sold in Texas use policy form number VPOL.18.TX and associated COC form number VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.18.VA and associated COC form number VCOC.18.VA The policy has exclusions, limitations and terms under which the policy may be continued in-force or discontinued. If there are discrepancies between this document and the policy, the terms of the policy control. For cost and complete details of the coverage, contact Lincoln VisionConnect at 800-440-8453.

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The contracting entity for Spectera Vision Network is Spectera, Inc.